

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) KENTUCKIANS FOR STRONG LEADERSHIP		FEC IDENTIFICATION NUMBER ▼ C C00543256
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee Grit Creative LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2016
Mailing Address 324 Capital Ave.		Amount 11770.00
City Frankfort	State KY	Zip Code 40601
Purpose of Expenditure Radio advertising	Category/ Type 004	Transaction ID : SE.4602 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2016
Name of Federal Candidate CLINTON, HILLARY RODHAM, ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought	736520.13	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Grit Creative LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2016
Mailing Address 324 Capital Ave.		Amount 1000.00
City Frankfort	State KY	Zip Code 40601
Purpose of Expenditure Radio production	Category/ Type 004	Transaction ID : SE.4603 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2016
Name of Federal Candidate CLINTON, HILLARY RODHAM, ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought	724750.13	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	12770.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Adams, Michael, G., ,

[Electronically Filed]

Date

MM / DD / YYYY
11 / 01 / 2016

Signature